

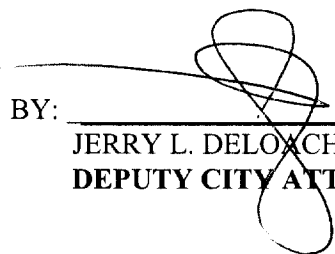
Entered - 10-9-09 sb  
CL 09L0746 GWENDOLYN BURNS

CLAIM OF: **DOROTHY HOLLIS**  
484 Glenwood Place, SE  
Atlanta, Georgia 30316

10- R -0185

For bodily injuries alleged to have been sustained from a trip-and-fall incident during a road repaving project on September 4, 2009 at 497 Glenwood Place.

THIS ADVERSED REPORT IS APPROVED

BY:   
JERRY L. DELOACH  
DEPUTY CITY ATTORNEY

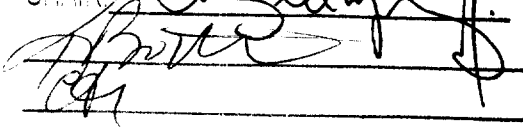
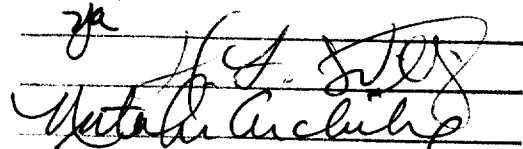

## ADVERSE REPORT

PUBLIC SAFETY &

LEGAL ADMINISTRATION COMMITTEE

DATE: 1/26/10

CHAIR: 

FEB 01 2010

FEB 02 2010

ADVERSED BY  
CITY COUNCIL

FEB 01 2010



OFFICE OF MUNICIPAL CLERK

**RHONDA DAUPHIN JOHNSON**  
MUNICIPAL CLERK

55 TRINITY AVENUE, S.W.  
SECOND FLOOR, EAST  
SUITE 2700  
ATLANTA, GEORGIA 30335  
(404) 330-6030  
FAX (404) 658-6273

February 9, 2010

Ms. Dorothy Hollis  
484 Glenwood Place S.E.  
Atlanta Georgia 30316

**10-R-0185**

Dear Ms. Hollis

I sincerely regret that you have been adversely affected by the circumstances raised in your claim for damages against the City of Atlanta. Your time and patience in this matter has been greatly appreciated.

However, I must notify you that the Atlanta City Council Adopted an Adverse Report on your claim at its regular meeting on February 1, 2010. In consultation with the City's Law Department, who conducted an investigation of the situation, the Council has determined that the City cannot accept responsibility for this matter and therefore cannot pay this claim.

If you desire any further information, please contact the **City Attorney's Office/Claims Division at (404) 330-6400.**

Sincerely,

Rhonda Dauphin Johnson, CMC  
Municipal Clerk

**cc: Claims Division/Law Department**

## DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 09L0746

Date: December 15, 2009

Claimant /Victim DOROTHY HOLLIS  
BY: (Atty) (Ins. Co.) \_\_\_\_\_  
Address: 484 Glenwood Place, SE, Atlanta, Georgia 30316  
Subrogation: \_\_\_\_\_ Claim for Property damage \$ \_\_\_\_\_ Bodily Injury \$ unspecified  
Date of Notice: 9/24/09 Method: Written, Proper X Improper \_\_\_\_\_  
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X  
Date of Occurrence 9/4/09 Place: 497 Glenwood Place, SE., NE  
Department \_\_\_\_\_ Bureau: \_\_\_\_\_ Office: \_\_\_\_\_  
Employee involved \_\_\_\_\_ Disciplinary Action: \_\_\_\_\_

NATURE OF CLAIM: Claimant alleges that she sustained bodily injuries when she tripped and fell after being told by a crew supervisor to walk on a street that had just been repaved. However, an investigation has determined that a contractor working for the Georgia Department of Transportation performed the work at the subject location. The claimant has been advised and the claim has been forwarded to the contractor for resolution.

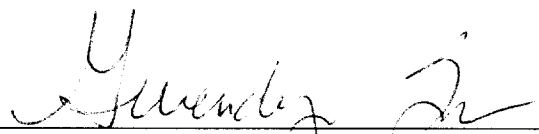
### INVESTIGATION:

Statements: City employee \_\_\_\_\_ Claimant \_\_\_\_\_ Others \_\_\_\_\_ Written \_\_\_\_\_ Oral \_\_\_\_\_  
Pictures \_\_\_\_\_ Diagrams \_\_\_\_\_ Reports: Police \_\_\_\_\_ Dept Report X Other X  
Traffic citations issued: City Driver \_\_\_\_\_ Claimant Driver \_\_\_\_\_  
Citation disposition: City Driver \_\_\_\_\_ Claimant Driver \_\_\_\_\_

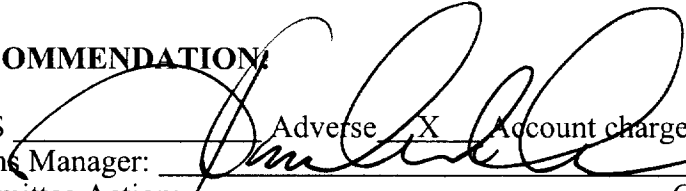
### BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial \_\_\_\_\_  
Improper Notice \_\_\_\_\_ More than Six Months \_\_\_\_\_ Other X Damages reasonable \_\_\_\_\_  
City not involved X Offer rejected \_\_\_\_\_ Compromise settlement \_\_\_\_\_  
Repair/replacement by Ins. Co. \_\_\_\_\_ Repair/replacement by City Forces \_\_\_\_\_  
Claimant Negligent \_\_\_\_\_ City Negligent \_\_\_\_\_ Joint \_\_\_\_\_ Claim Abandoned \_\_\_\_\_

Respectfully submitted,

  
INVESTIGATOR - GWENDOLYN BURNS

### RECOMMENDATION:

Pay \$ \_\_\_\_\_ Adverse X Account charged: General Fund \_\_\_\_\_ Water & Sewer \_\_\_\_\_ Aviation \_\_\_\_\_  
Claims Manager:  Concur/date 1/12/10  
Committee Action: \_\_\_\_\_ Council Action \_\_\_\_\_

(1)

**COUNCIL OF THE CITY OF ATLANTA**  
**MUNICIPAL CLERK**  
City Hall  
55 Trinity Avenue, SW  
Atlanta, Georgia 30303

RECEIVED  
OFFICE OF  
MUNICIPAL CLERK  
RE: CLAIM FOR DAMAGES  
2009 SEP 26 PM 4:47  
Today's Date 9-22-09

ENTERED - 10-9-09 - SB  
09L0746 - G. BURNS

BURNS  
10/08/09

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount of \$ \_\_\_\_\_ property and/or \$ pending bodily injury for which I contend the City is liable.

1. Date of incident: 9-4-09 2. Time of incident: 3-330pm 3. Police called: NO

4. Location of incident (including street address): 497 Glenwood Pl. S.E. ATL, GA 30316

5. Name of your insurance company: \_\_\_\_\_ Policy No. \_\_\_\_\_

6. State what and how incident occurred: The city of ATLANTA was Resurfacing the Street

I was told to walk on the pavement of the street where I live by the Supervisor and it was not dry and my feet got stuck up my shoes and I fell face down on my stomach and right arm was under I.T.

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle.

Your vehicle: \_\_\_\_\_  
(Make) (Year) (Tag Number) (Driver's Name)

City vehicle: \_\_\_\_\_  
(Make) (City Driver's Name) (Department/Bureau)

9. Witness: \_\_\_\_\_

10. The acknowledgement of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

11. Claims must be received within 6 months from the date of the event.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Dorothy Hollis  
Signature of Claimant

Dorothy Hollis  
(Print Claimant's Name)

484 Glenwood Pl. S.E.  
(Address)

ATLANTA, GA 30316  
(City, State and Zip Code)

Cell-404-509-8588 / 404-622-7064  
(Work Number) (Home Number)

Res

Don't  
COUNCIL OF THE CITY OF ATLANTA  
MUNICIPAL CLERK  
City Hall  
55 Trinity Avenue, SW  
Atlanta, Georgia 30303

(2)  
RE: CLAIM FOR DAMAGES

Today's Date: 9-22-09

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount of \$ \_\_\_\_\_ property and/or permanent bodily injury for which I contend the City is liable.

1. Date of incident: 9-4-09 2. Time of incident: 3:30pm 3. Police called: NO  
4. Location of incident (including street address): 497 Glenwood Pl. S.E. ATL, GA 30316  
5. Name of your insurance company: \_\_\_\_\_ Policy No. \_\_\_\_\_

6. State what and how incident occurred: By falling I BROKE BONE IN THE RIGHT WRIST  
I'm 80 yrs old my arm is IN A SLING and I'm on medication, saw the DR  
ORTHO, SURG TODAY. I can't drive or do very much with one arm  
and seeing a THIS SUPERVISOR SHOULD HAVE KNOWN BETTER THAN THAT, AFTER FALLING

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(Address)

ATLANTA, GA 30316  
(City, State and Zip Code)

Cell- 404-509-8588 / 404-622-7064  
(Work Number) (Home Number)

RES

10- R-0185

RCS# 42  
2/01/10  
2:07 PM

Atlanta City Council

REGULAR SESSION

CONSENT I

ADOPT

YEAS: 13  
NAYS: 0  
ABSTENTIONS: 0  
NOT VOTING: 2  
EXCUSED: 0  
ABSENT 1

B Smith	Y Archibong	Y Moore	Y Bond
NV Hall	Y Wan	Y Martin	Y Watson
Y Young	Y Shook	Y Bottoms	Y Willis
Y Winslow	Y Adrean	Y Sheperd	NV Mitchell

CONSENT I

		<b>02-01-10</b>
<b>ITEMS ADOPTED ON CONSENT</b>	<b>ITEMS ADVERSED ON CONSENT</b>	<b>ITEMS ADVERSED ON CONSENT</b>
1. 10-O-0118	36. 10-R-0182	
2. 10-O-0119	37. 10-R-0183	
3. 10-O-0120	38. 10-R-0184	
4. 10-O-0121	39. 10-R-0185	
5. 10-O-0122	40. 10-R-0186	
6. 10-O-0123	41. 10-R-0187	
7. 10-O-0126	42. 10-R-0188	
8. 10-O-0127	43. 10-R-0189	
9. 10-O-0128	44. 10-R-0190	
10. 10-O-0129	45. 10-R-0191	
11. 10-O-0220	46. 10-R-0192	
12. 10-O-0221	47. 10-R-0193	
13. 10-O-0057	48. 10-R-0194	
14. 10-O-0135	49. 10-R-0195	
15. 10-R-0134	50. 10-R-0196	
16. 10-R-0162	51. 10-R-0197	
17. 10-R-0227	52. 10-R-0198	
19. 10-R-0164	53. 10-R-0199	
20. 10-R-0165	54. 10-R-0200	
21. 10-R-0166	55. 10-R-0201	
22. 10-R-0169	56. 10-R-0202	
23. 10-R-0170	57. 10-R-0203	
24. 10-R-0171	58. 10-R-0204	
25. 10-R-0222	59. 10-R-0205	
26. 10-R-0228		
27. 10-R-0173		
28. 10-R-0174		
29. 10-R-0175		
30. 10-R-0176		
31. 10-R-0177		
32. 10-R-0178		
33. 10-R-0179		
34. 10-R-0180		
35. 10-R-0181		